

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/696748</div>	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16	/	/					66						
17							67						
18							68						
19							69						
20							70						
21	/						71						
22							72						
23							73						
24							74						
25							75						
26	/	/					76						
27							77						
28							78						
29							79						
30							80						
31							81						
32	/						82						
33							83						
34							84						
35							85						
36							86						
37	/						87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44	/						94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	43						TOTAL DEP.						
TOTAL CLAIMS	50						TOTAL CLAIMS						